



#7/EXT.
Lowman

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 33701 M002
In re Application of Heizo KITAJIMA		
Application Number 09/391,459		Filed September 8, 1999
For Client Card Mail System		
Group Art Unit 3625		Examiner James ZURITA

2/26/03

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 930.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half. The resulting fee is:

☒ A check in the amount of \$1,680 is enclosed (\$930 / 3 mo. extension + \$750 / CPA filing fee).

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4300.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 14, 2003	
Date	Signature
	Michael A. Makuch, Reg. 32,263
	Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	6 - 20* =	0	x \$ 18.00 =	0
	INDEPENDENT CLAIMS 37 CFR 1.16(b) or (i)	2 - 3** =	0	x \$ 84.00 =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			x \$	0
				BASIC FEE (37 CFR 1.16)	750.00
				Total of above Calculations =	750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent.				
	** Reissue independent claims over original patent.				
	TOTAL =				\$ 750.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to
Deposit Account No **02-4300** :
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of **\$1,680** is enclosed (\$750 - CPA filing fee + \$930 - three-month extension fee).
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) (fee under 37 CFR 1.17(l) enclosed).
11. ☐ New Attorney Docket Number, if desired
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☐ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Also included : **Petition for Extension of Time (3 months) and payment of \$930 fee.**

NOTE: The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label☐ New correspondence address below

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)

Michael A. Makuch

Signature



Registration No. (Attorney/Agent)

32,263

Date

February 14, 2003